

DECLARATION

Attorney Docket No.: 020054-001130US

RECEIVED

AUG 1 4 2001

As a below named inventor, I declare that:

TECH CENTER 1600/2900

| My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole |
|---|
| inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject |
| matter which is claimed and for which a patent is sought on the invention entitled: MOLECULAR INTERACTIONS IN |
| HEMATOPOIETIC CELLS, the specification of which is attached hereto or X was filed on November 28, 2000 as |
| Application No. 09/724,553 and was amended on (if applicable). |
| |

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date |
|-----------------|-------------------|
| 60/196,460 | April 11, 2000 |
| 60/196,528 | April 11, 2000 |
| 60/196,527 | April 11, 2000 |
| 60/196,267 | April 11, 2000 |
| 60/182,296 | February 14, 2000 |
| 60/176,195 | January 14, 2000 |
| 60/170,453 | December 13, 1999 |
| 60/162,498 | October 29, 1999 |
| 60/160,860 | October 21, 1999 |
| 60/134,118 | May 14, 1999 |
| 60/134,117 | May 14, 1999 |
| 60/134,114 | May 14, 1999 |

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application No. | Date of Filing | Status |
|-----------------|----------------|---------|
| 09/710,059 | 11/10/00 | pending |
| 09/688,017 | 10/13/00 | pending |
| 09/570,118 | 5/12/00 | pending |
| 09/570,364 | 5/12/00 | pending |

Attorney Docket No.: 020054-001130US

| | 09/569,525 | 5/12/00 | pending |
|---|------------|---------|---------|
| ĺ | 09/547,276 | 4/11/00 | pending |

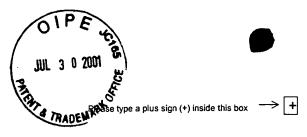
| Full Name of Inventor 1: | Last Name: LU | First Name: PETER | Middle Name or In | nitial: |
|-----------------------------|--|-----------------------------------|----------------------------------|---------------------------|
| Residence & Citizenship: | City: Mountain View | State/Foreign Country: California | Country of Citizen United States | iship: |
| Post Office Address: | Post Office Address: 99 East Middlefield Road, No. 29 | City: Mountain View | State/Country: California | Postal Code: 94043 |
| Full Name of Inventor 2: | Last Name: RABINOWITZ | First Name: JOSHUA | Middle Name or In D. | nitial: |
| Residence & Citizenship: | City: Mountain View | State/Foreign Country: California | Country of Citizen United States | iship: |
| Post Office Address: | Post Office Address: 750 North Shoreline Boulevard, No. 50 | City: Mountain View | State/Country: California | Postal Code: 94043 |
| Full Name of Inventor 3: | Last Name: SCHWEIZER | First Name: JOHANNES | Middle Name or I | nitial: |
| Residence & Citizenship: | City: Mountain View | State/Foreign Country: California | Country of Citizer Germany | iship: |
| Post Office Address: | Post Office Address: 284 Tyrella Avenue, No. 17 | City: Mountain View | State/Country: California | Postal Code: 94043 |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| Signature of Inventor 1 | Signature of Inventor 2 | Signature of Inventor 3 |
|-------------------------|-------------------------|-------------------------|
| Peter S. Lu | Joshua D. Rabinowitz | Johannes Schweizer |
| Date 1-22-0/ | Date 6-21-0/ | Date 6-21-01 |

DE 7043374 v1

TECH CENTER 1600/2900



POWER OF ATTORNEY OR

AUTHORIZATION OF AGENT

09/724,553

Peter S. Lu

November 28, 2000

Hematopoietic Cells

Molecular Interactions in

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number

First Named Inventor

Filing Date

Title

| Thereby appoint: | | Group Art Unit | | 1040 | |
|---|---|-----------------------|-----------------|---|--|
| I hereby appoint: | | Examiner Name | 9 | | |
| Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Add Add. | | Attorney Docke | t Number | 020054-001130US | |
| Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address Address City State I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Add Add. | Lh-rahii analish | | | | |
| Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. | ☑ Practitioners at Customer Number 20356 | 0 | | Number Bar Code | |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City State State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature M.A.A. | ☐ Practitioner(s) named below: | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | Name | | Registra | ation Number | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | <u> </u> | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | | | | | |
| business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Firm or Individual Name Address City Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature A. A | () | | d about and | to transport all | |
| The above-mentioned Customer Number. OR Firm or Individual Name Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Address Signature Address Signature Address State State Signature Address State | business in the United States Patent and Tradem | ark Office connecte | d therewith. | to transact an | |
| The above-mentioned Customer Number. OR Firm or Individual Name Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Address Signature Address Signature Address State State Signature Address State | | | | | |
| OR ☐ Firm or Individual Name Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. ✓ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Adm | l | ne above-identified a | application to: | | |
| Firm or Individual Name Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature Address State | | | | | |
| Individual Name Address Address City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | <u> </u> | | •••• | | |
| City State ZIP Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | | | | | |
| Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | Address | | | | |
| Country Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | Address | | | | |
| Telephone 303-571-4000 Fax 303-571-4321 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | City | State | | ZIP | |
| I am the: ☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | Country | | 1 | | |
| Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | Telephone 303-571-4000 | Fax | 303-571-432 | 21 | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | I am the: | | <u> </u> | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | ☐ Applicant/Inventor. | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Peter S. Lu Signature | Assignee of record of the entire interest. So | ee 37 CFR 3.71. | | | |
| Name Peter S. Lu Signature | , - | | ;) . | | |
| Signature Add Lin | | | | ecord | |
| Signature Add Lin | Name Peter S. Lu | | | | |
| Date 6-2-3 - 0 / | | | | | |
| | Date 6-22-01 | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. | NOTE: Signatures of all the inventors or assigned | ees of record of the | entire interes | st or their representative(s) are required. | |
| Submit multiple forms if more than one signature is required, see below*. Total of forms are submitted. | Submit multiple forms if more than one signature | e is required, see b | elow* | | |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DE 7043379 v1

JECH CENTER 1600/2900

| PADEN : 01 | STATEMENT UNI | DER 37 CFR 3.73(b) |
|---|---|--|
| Applicant/Patent Owner: Pe | ter S. Lu, et al. | |
| A titi No. /Datast No. / | 00/704 552 | Filad/Jacus Data, Nevember 29, 2000 |
| Application No./Patent No.: C Entitled: Molecular Interaction | | Filed/Issue Date: November 28, 2000 |
| Arbor Vita Corporation | , a <u>corpo</u> | ration |
| (Name of Assignee) | | signee, e.g., corporation, partnership, university, government agency, etc.) |
| states that it is: | | |
| 1. X the assignee of | the entire right, title, and interes | st; or |
| 2. an assignee of | an undivided part interest | |
| in the patent application/pate | ent identified above by virtue of | either: |
| An assignment from the recorded in the Patent attached. | ne inventor(s) of the patent appl and Trademark Office at Reel | cation/patent identified above. The assignment was, Frame, or for which a copy thereof is |
| OR | | |
| B. A chain of title from the shown below: | e inventor(s), of the patent appl | cation/patent identified above, to the current assignee as |
| | as recorded in the United States ne, or for which a copy the | To: Patent and Trademark Office at ereof is attached. |
| 2. From: | | То : |
| | as recorded in the United States ne, or for which a copy the | Patent and Trademark Office at ereof is attached. |
| 3. From: | | То : |
| | as recorded in the United States ne, or for which a copy the | Patent and Trademark Office at ereof is attached. |
| ☐ Additional docum | ents in the chain of title are liste | ed on a supplemental sheet. |
| ☐ Copies of assignments o | r other documents in the chain | of title are attached. |
| must be submitted to Ass | | cument or a true copy of the original document) with 37 CFR Part 3, if the assignment is to be |
| The undersigned (whose title | is supplied below) is empower | ed to sign this statement on behalf of the assignee. |
| 6-22 | -01 | M- & In |
| 6-22 Da | te | Signature |
| | | Peter S. Lu |
| | | Typed or printed name |
| | | President and CEO |
| | | Title |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Attorney Docket No.: 020054-001130US

ASSIGNMENT OF PATENT APPLICATION

JOINT

WHEREAS, Peter S. Lu, of 99 East Middlefield Road, No. 29, Mountain View, CA 94043; Joshua D. Rabinowitz, of 750 North Shoreline Boulevard, No. 50, Mountain View, CA 94043; Johannes Schweizer, of 284 Tyrella Avenue, No. 17, Mountain View, CA 94043; hereinafter referred to as "Assignors," are the inventors of the invention described and set forth in the below-identified application for United States Letters Patent:

Title of Invention:

Molecular Interactions in Hematopoietic Cells

Date(s) of execution of Declaration:

Filing Date:

November 28, 2000

Application No.:

09/724,553; and

WHEREAS, Arbor Vita Corporation, a corporation of the state of California, located at 772 Lucerne Drive, Sunnyvale, CA, 94085, hereinafter referred to as "ASSIGNEE," is desirous of acquiring an interest in the invention and application and in any U.S. Letters Patent and Registrations which may be granted on the same;

For good and valuable consideration, receipt of which is hereby acknowledged by Assignors, Assignors have assigned, and by these presents do assign to Assignee all right, title and interest in and to the invention and application and to all foreign counterparts (including patent, utility model and industrial designs), and in and to any Letters Patent and Registrations which may hereafter be granted on the same in the United States and all countries throughout the world, and to claim the priority from the application as provided by the Paris Convention. The right, title and interest is to be held and enjoyed by Assignee and Assignee's successors and assigns as fully and exclusively as it would have been held and enjoyed by Assignors had this Assignment not been made, for the full term of any Letters Patent and Registrations which may be granted thereon, or of any division, renewal, continuation in whole or in part, substitution, conversion, reissue, prolongation or extension thereof.

Assignors further agree that they will, without charge to Assignee, but at Assignee's expense, (a) cooperate with Assignee in the prosecution of U.S. Patent applications and foreign counterparts on the invention and any improvements, (b) execute, verify, acknowledge and deliver all such further papers, including patent applications and instruments of transfer, and (c) perform such other acts as Assignee lawfully may request to obtain or maintain Letters Patent and Registrations for the invention and improvements in any and all countries, and to vest title thereto in Assignee, or Assignee's successors and assigns.

Assignors hereby authorize and request Townsend and Townsend and Crew LLP, Two Embarcadero Center, 8th Floor, San Francisco, CA 94111-3834, to insert herein above the application number and filing date of said application when known.

Assignment

Attorney Docket No.: 020054-001121US

Page 2

IN TESTIMONY WHEREOF, Assignors have signed their names on the dates indicated.

Dated: 6-22-01

Peter S. Lu

Dated: 6-21-01

Joshua D. Rabinowitz

Dated: 6-21-01

Johannes Schweizer

| | | | \$ | • | | |
|---|--|---|--|---|--|---|
| OIPE | Corps su | | | • | Oocket No.: 020054-0 | fr 01130US |
| Applicant or Paterite: | | TEMENT (DECLARATIO CFR 1.9(f) & 1.27(c)) - SM | | | TECH | |
| Application or Patent No.: | 09/724.553 | | | | C | A.C |
| Filed or Issued: | November | 28, 2000 | | | | <u> </u> |
| Title: | Molecular | Interactions in Hematopoieti | c Cells | | |) - |
| I hereby declare that I am: | the owner of the small | business concern identified business concern empowere | below: | oncern identified below. | NTER 1600/2900 | 4 2001 |
| Name of Small Business Cond | em: | Arbor Vita Corpo | oration | | | |
| Address of Small Business Co | | | | | | |
| | | 772 Lucerne Driv | ve | | | |
| | | Sunnyvale, CA | 94085 | | | |
| I hereby declare that the above for purposes of paying reduce does not exceed 500 persons, concern of the persons emplo other when either, directly or the state of the state | d fees to the United States For purposes of this state yed on a full-time, part-ti- indirectly, one concern con | s Patent and Trademark Officement, (1) the number of ending or temporary basis during the power to controls or has the power to controls. | ce, in that the number of enployees of the business of geach of the pay periods nitrol the other, or a third pay | imployees of the concern, in oncern is the average over of the fiscal year, and (2) array or parties controls or ha | ncluding those of its the previous fiscal year concerns are affiliate as the power to control | affiliates ear of the s of each ol both. |
| I hereby declare that rights usentitled Molecular Interaction | nder contract or law have s in Hematopoietic Cells b | y inventor(s) Peter S. Lu, Jo | ain with the small busines shua D. Rabinowitz, Johan | s concern identified above nes Schweizer described in | with regard to the i | nvention |
| [] [X] [] | the specification filed Application No Patent No | herewith; 09/724,553 , filed, issued | November 28, 2000 | _; _· | | |
| If the rights held by the above below* and no rights to the in person made the invention, or | nvention are held by any p | erson, other than the invent | or, who would not qualify | as an independent invento | or under 37 CFR 1.90 | (c) if tha |

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as

small entities. (37 CFR 1.27) Name: Address: [] Nonprofit Organization [] Individual [] Small Business Concern Name: Address: [] Small Business Concern [] Nonprofit Organization [] Individual

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

| Name of Person Signing: | Peter S. Lu | | |
|---|---------------------|---------|--|
| Title of Person if Other than Owner: Address of Person Signing: | President and CEO | | |
| Address of Ferson Signing. | 772 Luceme Drive | | |
| <i>a</i> | Sunnyvale, CA 94085 | | |
| Signature | A Date | 6.22.01 | |